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**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** TLTL2200GC  
**Project Name/Number:** TLIC Term To Age 80 Certificate/L052-1

## Filing at a Glance

Company: Transamerica Life Insurance Company  
Product Name: TLTL2200GC  
State: Arkansas  
TOI: L04G Group Life - Term  
Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 11/07/2012  
SERFF Tr Num: AEGB-128748152  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: TLTL2200GC  
  
Implementation: On Approval  
Date Requested:  
Author(s): Mary DiMarcantonio  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/15/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: TLIC Term To Age 80 Certificate  
Project Number: L052-1  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Discretionary, Trust  
Filing Status Changed: 11/15/2012  
State Status Changed: 11/15/2012  
Created By: Mary DiMarcantonio  
Corresponding Filing Tracking Number: 3Y001008

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Mary DiMarcantonio

### Filing Description:

Re: Group Term To Age 80 Life Insurance Certificate: TLTL2200GC  
Application Form: TLTL2200GCA  
Application Verification Form: TLTL2200GCA APPVER

Dear Commissioner:

Out-of-state group term life to age 80 certificate TLTL2200GC is submitted for review and approval. The form is new and does not replace any existing forms.

The certificate provides term life insurance until an insured attains age 80. Premiums are payable during the term of the certificate. Premiums are based on an insured's age at the time a certificate is issued and automatically increases when the insured attains another age band (increases at ages 50, 55, 60, 65, 70, and 75). We reserve the right to adjust premiums after the first certificate year, but the premiums will never exceed the guaranteed maximum premiums listed in the certificate's table of renewal premiums

The policy provides an accelerated benefit option. Insureds may request up to half their policy face amount in the event they are diagnosed as having twelve months or less to live. Accelerated Benefit Disclosure ABG-T80-0407 is issued with each certificate.

Bracketed information in the Policy is intended to be variable.

The product will be marketed via direct response means, including mail, telephone solicitation and internet. Applications TLTL2200GCA and TLTL2200GCA APPVER are used to underwrite this product. Application TLTL2200GCA is used when the product is sold via direct mail advertising or internet marketing. Application Verification TLTL2200GCA APPVER is used when an insured applies via telemarketing methods. We intend to use an electronic signature process for the customer's signature of the application in the telephone and internet channels, and will maintain records of sales of this product in a secure electronic format.

The certificate form, and the controlling group policy TLTL2200GP were approved by Missouri on September 18, 2012. The policy was approved by Missouri for issuing to discretionary groups and group trusts that are situated in Missouri such as:

J. C. Penney Credit Cardholder Group, policy owner is J. C. Penney Corporation, Inc.  
Eligibility: J.C. Penney credit card holders and the spouses of J.C. Penney credit card holders.

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National Financial Institution Group Insurance Trust.

Eligibility: Customers and spouses of customers of bank, financial or retail institutions who elect to participate in plans of group insurance issued to the Trustee on behalf of THE NATIONAL FINANCIAL INSTITUTION GROUP INSURANCE TRUST

ADMS Affiliated Group Insurance Trust

Eligibility: Members or spouses of members of a participating group that agree to participate in plans of insurance issued to the trust on behalf of Aegon Direct Marketing Services, Inc.

The forms are new and do not replace any forms previously approved by your Department. The forms are completed in "John Doe" fashion. Variable information is printed and bracketed in red. The forms will be marketed using direct response methods including direct mail, telemarketing, and internet.

Thank you for your consideration of this submission.

## Company and Contact

### Filing Contact Information

Mary DiMarcantonio, Mary.DiMarcantonio@Transamerica.com  
100 Light Street, Floor B1 410-209-5510 [Phone]  
Baltimore, MD 21202-2559

### Filing Company Information

Transamerica Life Insurance Company  
4333 Edgewood Road, NE  
Cedar Rapids, IA 52499  
(319) 355-7888 ext. [Phone]

CoCode: 86231  
Group Code: 468  
Group Name:  
FEIN Number: 39-0989781

State of Domicile: Iowa  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation: \$50.00 X 3 forms = \$150.00  
Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$150.00	11/07/2012	64668672

<b>SERFF Tracking #:</b>	AEGB-128748152	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	TLTL2200GC
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Transamerica Life Insurance Company		
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life				
<b>Product Name:</b>	TLTL2200GC				
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/15/2012	11/15/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Transamerica Life Insurance Company
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## Disposition

Disposition Date: 11/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Explanation of Variables		Yes
Form	Group Term Life Insurance To Age 80 Certificate		Yes
Form	Application		Yes
Form	Application Verification		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Transamerica Life Insurance Company
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## Form Schedule

Lead Form Number: TLTL2200GC								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Term Life Insurance To Age 80 Certificate	TLTL2200GC	CER	Initial		44.200	TLTL2200GC Group Certificate.pdf
2		Application	TLTL2200GCA	AEF	Initial		48.900	TLTL2200GCA - Application.pdf
3		Application Verification	TLTL2200GCA APPVER	AEF	Initial		50.000	TLTL2200GCA APPVER.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]  
Administrative Office: [Valley Forge, Pennsylvania 19493]

[1-800-523-7900]

## FOR YOUR INFORMATION

This is a life insurance Certificate that stops at Age 80. In this Certificate, Transamerica Life Insurance Company is referred to as "we," "our," or "us." The Insured is "you," "your," or "yours." The Group Policy is a legal contract. This Certificate explains your coverage under that Group Policy. We rely on your Application to issue your Certificate. We depend on your payment of premiums when due. You rely on us to honor its terms.

The Group Policy Number and the name of the Policyholder are shown in the Certificate Schedule. The Policy may be inspected during business hours at the office of the Policyholder.

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What Happens When You Die . . . . .	4	Other Important Information . . . . .	6
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**YOUR RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS:** You may return this Certificate for any reason within 30 days of the date you receive the Certificate. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

**GUARANTEED RENEWABLE TO AGE 80:** We promise to renew this Certificate until you attain Age 80 as long as you continue to pay your Premium when due.

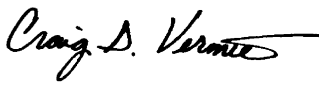
**IMPORTANT:** If you receive payment of accelerated benefits from a life insurance policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from an insurance policy may have tax consequences for you. We cannot give you advice about this. You may wish to obtain advice from a tax professional or an attorney before you decide to receive accelerated benefits from a life insurance policy.

The accelerated benefit is not intended to qualify under section 101(g) or section 7702B of the Internal Revenue Code of 1986 as amended by Public Law 104-191.

**IN WITNESS,** this Certificate is signed by our President and Secretary.

[  ]

President

[  ]

Secretary

**GROUP TERM LIFE INSURANCE TO AGE 80 CERTIFICATE**  
**ANNUALLY RENEWABLE**  
**PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST YEAR**  
**ACCELERATED DEATH BENEFIT OPTION**  
**Convertible      Non-Participating**

## CERTIFICATE SCHEDULE

This Certificate Schedule is part of your Certificate. It supersedes any Certificate Schedule bearing an earlier Effective Date issued under Policy No. [MP00000] to [XYZ Group]

INSURED: [JOHN DOE]

FACE AMOUNT: [\$5,000.00]

CERTIFICATE NUMBER: [0123456789] EFFECTIVE DATE: [08/15/2011] ISSUE DATE: [08/15/2012]

AGE AT ISSUE: [45]

SEX: [Male]

TOBACCO USE: [Yes/No]

BENEFICIARY: [Last Documented Beneficiary]

GROUP POLICYHOLDER: [XYZ GROUP]

GROUP POLICY NUMBER: [MP0123X]

CERTIFICATE OWNER: [JOHN DOE]

INITIAL PREMIUM: [\$6.67]

FIRST YEAR RENEWAL PREMIUM:

\$[6.67]

\$[20.00]

\$[40.00]

\$[80.00]

MONTHLY

QUARTERLY

SEMI-ANNUALLY

ANNUALLY

### TABLE OF RENEWAL PREMIUMS

Attained Age	Effective Date [Annual] Renewal Premiums	Guaranteed Maximum [Annual] Premiums	Attained Age	Effective Date [Annual] Renewal Premiums	Guaranteed Maximum [Annual] Premiums
45	\$80.00	\$80.00	65	\$246.55	\$679.65
46	\$80.00	\$180.00	66	\$246.55	\$679.65
47	\$80.00	\$180.00	67	\$246.55	\$679.65
48	\$80.00	\$180.00	68	\$246.55	\$679.65
49	\$80.00	\$180.00	69	\$246.55	\$679.65
50	\$101.60	\$244.80	70	\$392.90	\$1,118.70
51	\$101.60	\$244.80	71	\$392.90	\$1,118.70
52	\$101.60	\$244.80	72	\$392.90	\$1,118.70
53	\$101.60	\$244.80	73	\$392.90	\$1,118.70
54	\$101.60	\$244.80	74	\$392.90	\$1,118.70
55	\$137.15	\$351.45	75	\$646.90	\$1,880.70
56	\$137.15	\$351.45	76	\$646.90	\$1,880.70
57	\$137.15	\$351.45	77	\$646.90	\$1,880.70
58	\$137.15	\$351.45	78	\$646.90	\$1,880.70
59	\$137.15	\$351.45	79	\$646.90	\$1,880.70
60	\$182.80	\$488.40			
61	\$182.80	\$488.40			
62	\$182.80	\$488.40			
63	\$182.80	\$488.40			
64	\$182.80	\$488.40			



## DEFINITIONS

**AGE** means, on the Certificate Effective Date, an Insured's current age based on his last birthday. An Insured's Age increases by one on each Certificate Anniversary. An Insured's Age increase, for purposes of this Certificate, will always occur on the Certificate Anniversary even if his or her actual birthday occurs (in most cases) during the Certificate Year prior to the Certificate Anniversary.

**BENEFICIARY** means the person(s) designated to receive the life insurance benefit provided by this Certificate.

**CERTIFICATE ANNIVERSARY** means any anniversary of the date this Certificate takes effect.

**CERTIFICATE YEAR** means the 12 month period ending on any Certificate Anniversary.

**CERTIFICATE EFFECTIVE DATE** means the date your coverage starts.

**INSURED** means the individual named in the Certificate Schedule.

**OWNER** means the Owner of this Certificate. The Owner is named as the Certificate Owner in the Certificate Schedule. Ownership is explained in Other Important Information.

**POLICY** means the Group Policy. The Policy is the controlling contract under which the Certificate is issued. The Policy is held by the Policyholder.

**POLICYHOLDER** means the Group Policyholder. It is the entity which holds the Policy.

**PREMIUM** means the payment required to keep your insurance in force.

## WHEN THE COVERAGE STARTS AND STOPS

### ELIGIBLE MEMBERS

All members of the Policyholder as explained in the Policy are eligible to apply for this coverage.

### WHEN COVERAGE STARTS

This insurance takes effect only after two things happen:

1. we approve your Application Form; and
2. we receive the first premium [before] [within 21 days of] the Certificate Effective Date.

These two things must happen while you are alive. Your coverage then starts at 12:01 A.M. Standard Time at your home on the Certificate Effective Date.

### WHEN COVERAGE STOPS

Coverage stops on the earliest of:

1. the date you reach Age 80;
2. the date you convert to a whole life insurance policy;
3. the date the 31 day Grace Period ends if you fail to pay the premium when due;
4. the date of your death; or
5. the date you cancel your coverage.

You may cancel your coverage upon notice to us. Notice is deemed given when made in writing, communicated verbally by telephone or in person, or by any other means acceptable to us. Unless required otherwise, coverage is cancelled as of the date the cancellation request is made. Any unused Premium is prorated from the date of cancellation and refunded to you.

The Group Policyholder may cancel the Group Policy only with respect to issuing new certificates. Any certificate in force when the Group Policyholder cancels the Group Policy remains in force.

Cancellation is without prejudice to any claim originating prior to the date of cancellation.

## WHAT HAPPENS WHEN YOU DIE

We pay the Face Amount if you die while covered under this Certificate. The Face Amount is shown on the Certificate Schedule. The benefit is paid in one lump sum. Before we pay, we must be given proof of your death.

**SUICIDE:** If you die by Suicide within one year following the Certificate's Issue Date, the benefit is limited to the amount of Premiums paid without interest.

## ACCELERATED DEATH BENEFIT OPTION

We pay an Accelerated Death Benefit if you choose to use this option. It is paid if you are diagnosed as having twelve months or less to live. You may choose up to 50% of your Face Amount. This is called the Available Proceeds. We use the Available Proceeds to help determine the benefit amount paid to you. This is explained below. The benefit amount is called the Payable Proceeds.

**How the Payable Proceeds are Determined:** (a) You choose the Available Proceeds. (b) An interest rate is established as of the date of your application for this benefit. The interest rate will not exceed the greater of the maximum statutory adjustable policy loan interest rate in the state in which the Policy is issued or eight percent (8%). (c) The Available Proceeds is "discounted to its present value" based on our evaluation of your projected life expectancy by applying this interest rate. (d) We will then calculate the premium payments under your Certificate from the date of application through our evaluation of your projected life expectancy. Each premium payment is "discounted to its present value" based on our evaluation of your projected life expectancy by applying the interest rate. (e) The present value of these premium payments is subtracted from the amount computed under item (c). The resulting amount is the Payable Proceeds and is paid to you in a one-time lump sum.

"Discounted to its present value" means determining, on the date of payment, the value of an amount of money you would not otherwise receive until some point in the future.

Payment of this benefit is subject to the following conditions:

1. We must receive a physician's statement which: (a) gives the diagnosis of your medical condition; and (b) states that because of the nature and severity of the non-correctable condition, your life expectancy is no more than twelve months.
2. The initial diagnosis of the medical condition must be made on or after the Effective Date of this Certificate and while it is in force.
3. We have the right to require, at our expense, that you be examined by a physician of our choosing in order to verify the diagnosis.
4. You may use this Benefit only once.
5. The face amount used to calculate the Available Proceeds means only the basic certificate death benefit and any life insurance riders that are in force at the time of the election. It does not include the face amount under any increasing face amount option Rider, or any non-life insurance riders, or supplemental benefit provisions (e.g., any Accidental Death Benefit Rider is not considered).
6. After this option is used, your Face Amount is reduced by the amount of Available Proceeds elected. This Certificate continues as if it had originally been issued at the reduced Face Amount. The premium is adjusted to the amount charged for the reduced Face Amount.
7. We must receive the signed consent of any irrevocable Beneficiary before paying the Accelerated Death Benefit.
8. This benefit is not payable if:
  - a. This Certificate is within 2 years of any scheduled expiration date (e.g., your Age 80);
  - b. This Certificate has been Assigned; or
  - c. You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, or you are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

**IMPORTANT:** If you elect this benefit, your payment may be taxable. You are advised to seek the help of a professional tax advisor.

## WHO ARE BENEFITS PAID TO

**BENEFICIARY:** At your death, unless you specify otherwise, the applicable life insurance benefit will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, if any; otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment. Spouse means only the one to whom you are lawfully married on the date of your death. For the purposes of determining who benefits are paid to, "step" children and "step" parents are not considered to be your lawful children or parents.

**CHANGING THE BENEFICIARY:** You can change your Beneficiary at any time unless you name an irrevocable Beneficiary. An irrevocable Beneficiary is one that can never be changed unless the irrevocable Beneficiary approves the change. We must receive written notice of any change. We must acknowledge the change for it to be effective.

## HOW YOU CAN CONVERT TO WHOLE LIFE INSURANCE

You may convert this Certificate to an individual whole life insurance policy. This is subject to what individual whole life insurance policy we then have available, if any. This Certificate must be in force at the time of the conversion. The conversion may only occur on Premium due dates. We require 31 days prior written notice. The amount of life insurance under the new policy may not exceed this Certificate's Face Amount. It may be converted without medical exam or other evidence of insurability. However, any application attached to this Certificate will be made part of the whole life insurance policy when the conversion occurs during the first two years of coverage under this Certificate. It may be used to contest benefits under the whole life insurance policy during the balance of the time that it may be contested under this Certificate. The new Premium will be based on your Age and class at the time you convert to the new policy.

## PAYING YOUR PREMIUMS

**PREMIUM PAYMENTS:** You keep coverage in force by paying the Premiums. Premiums are payable to Age 80. All Premiums after the Initial Premium must be paid in advance at our Administrative Office, subject to the Grace Period. Premiums are also payable to an authorized agent in exchange for an official receipt signed by our President and Secretary. We do not have the right to refuse a Premium paid on or before the date due or within the Grace Period.

**AGE RATE ADJUSTMENTS:** We increase premiums each time your Age changes to the next Age bracket. This only occurs on a Certificate Anniversary. The Table of Renewal Premiums on the Certificate Schedule shows: (1) at what Age rate changes occur; and (2) what the rate will be.

**RIGHT TO ADJUST PREMIUM RATES:** We may change rates by class on any date. We will not increase your rates in the first Certificate Year. After the first Certificate Anniversary, rates will not increase more than once in any 12 month period. Class means all individuals of the same age, sex, and underwriting classification. There will be no change in your class due to any physical impairment. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. We will provide written notice at least 60 days before the date of change. Your Premium rates will never exceed the Guaranteed Maximum Premiums that are listed in the Table of Renewal Premiums that is on the Certificate Schedule.

**GRACE PERIOD:** We allow a grace period of 31 days to pay each premium due after the first one. Coverage continues during this grace period. If you die during the grace period, any premium due is deducted from the death benefit. This provision applies as long as the Certificate has not stopped.

**REINSTATEMENT:** If your coverage stops because premiums have not been paid, it may be reinstated. This happens if you: (1) make written request for reinstatement; (2) send satisfactory evidence of insurability; (3) are alive on the date of reinstatement; and (4) make your request within 5 years of when the premium was due and prior to Age 80.

Reinstatement is subject to payment of all overdue Premiums. We charge 6% interest compounded annually on overdue Premiums.

**UNEARNED PREMIUM REFUND:** Unearned Premium is any amount paid by you beyond the date of your death or cancellation of this Certificate. A refund of unearned Premium upon your death is payable to your Beneficiary. A refund of unearned Premium upon cancellation is paid to you.

## OTHER IMPORTANT INFORMATION

**INCONTESTABILITY:** This Certificate is "incontestable" after it has been in effect while you are alive for 2 years from the earlier of the Certificate Effective Date or the issue date of this Certificate. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of coverage if you fail to give, to the best of your knowledge and belief, true and complete answers in your Application.

If your Certificate is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if you failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement application.

**THE CONTRACT:** Your Certificate is furnished in accordance with and subject to the terms of the Policy. It is not part of the Policy, but it is evidence of the insurance provided under the Policy. The Policy and any attachments form the entire contract of insurance.

All statements made by you are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by you. A copy of your Application is attached to the Certificate. A copy of the Application will be sent to your Beneficiary if used to contest a claim.

No change in this Certificate is effective until approved by one of our officers. Such approval must be noted on or attached to this Certificate. No agent has the authority to change this Certificate or waive any of its provisions.

**MISSTATEMENT OF AGE OR SEX:** If an Insured's Age or sex is incorrectly stated, the benefits of this Certificate are changed to what the premium would have paid for at the correct Age or sex according to our rate at the date of issue.

**ASSIGNMENT:** Your rights under this Certificate may be given to another by you. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our offices.

**NON-PARTICIPATING:** No dividends are payable under this Certificate. It does not share in our surplus earnings.

**OWNERSHIP:** This Certificate belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

**CHANGE OF OWNERSHIP:** The Owner has the right to transfer this Certificate to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

## CLAIMS

**PROOF OF LOSS:** A certified copy of the death certificate showing the date and cause of death must be given to us as soon as reasonably possible after the date of death.

**TIME PAYMENT OF CLAIMS:** We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine our liability.

**INTEREST AT SETTLEMENT:** If required, we pay interest on death proceeds according to the requirements of your state. The rate of interest is not less than that required by law.

**PAYMENT OF CLAIMS:** Benefits are payable in accordance with the Beneficiary designation in effect at the time of payment.

**AUTOPSY:** At our expense, we may have an autopsy done where it is not forbidden by law.

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Administrative Offices: [Valley Forge, Pennsylvania 19493]**

(Please Print)

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Street or RD # \_\_\_\_\_ am

Zip \_\_\_\_\_ Phone # \_\_\_\_\_ pm (\_\_\_\_\_) \_\_\_\_\_  
area code

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed

Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

If this coverage will replace or change any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000

**SPOUSE (if to be insured)**

Name \_\_\_\_\_  
First Middle Last

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_  
First Middle Last

If this coverage will replace or change any life insurance you have now, please check here: ☐

Coverage Amount: ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000

**Please answer the following questions:**

- |   | [You]  | [Spouse]   |
|---|--|--|
| 1. Have you used any tobacco or nicotine based products within the last 12 months? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you currently confined to a hospital, rest home, or nursing facility or using assistance from a support device for walking or breathing?.....                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been advised to have in-patient surgery which has not yet been performed?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI)?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for:  |  |  |
| a. Diabetes requiring insulin; heart disease or disorder; stroke or cancer? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Brain, mental, or nervous disorder; chronic liver; kidney, or breathing disorder? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Acquired Immune Deficiency Syndrome (AIDS)? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?..   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Select how you want to pay:**

[ ] Send me a bill.

[ ] Charge monthly premium to my Credit Card (Discover, JC Penney, MasterCard, or Visa only): Check here if this is a debit card ☐ Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_\_

[ ] Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach

Subject to my account rules, charge or deduct my premiums (including future changes to my insurance) by electronic or other method from the credit card or checking account I have selected above. I can cancel this payment method at any time by writing to you.

I understand that in order to enroll for this coverage, I must be a JCPenney credit cardholder or the spouse of a JCPenney credit cardholder, age 18-64, and reside in a state in which this insurance coverage may legally be offered.

I wish to apply for this Term Life Insurance Plan. I understand that [a separate Certificate will be issued to each applicant and that] no insurance is in effect until I am issued my Certificate by the underwriter Transamerica Life Insurance Company, Administrative Offices: [Valley Forge, PA 19493], and my first premium is received by Transamerica Life [before] [within 21 days after] my Certificate Effective Date and during my lifetime. If I fail to give true and complete answers on this application, I understand that benefits may be denied during the first 2 Certificate Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Spouse's Signature (if to be insured) Date

TLTL2200GCA

**FOR COLORADO RESIDENTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FOR KENTUCKY AND PENNSYLVANIA RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FOR ARKANSAS AND NEW MEXICO RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FOR DC AND TENNESSEE RESIDENTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FOR OHIO RESIDENTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FOR RHODE ISLAND RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## Term Life Insurance Application Verification

**Keep this form with your Certificate of Insurance. Your acceptance of this offer is on file at our Administrative Office.**

This document is a verification record of your telephone-recorded application for the Transamerica Life Term To Age 80 Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, age, date of birth, gender, and the answers and information you provided to the health questions which qualified you for this plan.

**Our records indicate the following information:**

Name/Address: [John Q. Public]  
[1000 Anywhere Street]  
[Any Town, USA 75000]

Date of Birth: [01/05/1968] Age: [41] Gender: [Male]  
Coverage Amount you are applying for: [\$5,000.00]

Will this insurance replace or change any life insurance or annuity contract that you now have? ☐ Yes ☒ No

**Health Questions**

1. Have you used any tobacco or nicotine based products within the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you currently confined to a hospital, rest home, or nursing facility or using assistance from a support device for walking or breathing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you been advised to have in-patient surgery which has not yet been performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: a. Diabetes requiring insulin; heart disease or disorder; stroke or cancer? b. Brain, mental, or nervous disorder; chronic liver; kidney, or breathing disorder? c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I understand that no insurance is in effect until I am issued my Certificate by the underwriter Transamerica Life Insurance Company, Administrative Offices: [Valley Forge, PA 19493], and my first premium is received by Transamerica Life [before] [within 21 days after] my Certificate Effective Date and during my lifetime. If I fail to give true and complete answers on this application, I understand that benefits may be denied during the first 2 Certificate Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

**FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.**

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [06/06/2012]  
Applicant's Signature Date Application signed

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Administrative Offices: [Valley Forge, Pennsylvania 19493]**

TLTL2200GCA APPVER

**FOR COLORADO RESIDENTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FOR KENTUCKY AND PENNSYLVANIA RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FOR ARKANSAS AND NEW MEXICO RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FOR DC AND TENNESSEE RESIDENTS:** *WARNING:* It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FOR OHIO RESIDENTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FOR RHODE ISLAND RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



<b>State:</b>	Arkansas	<b>Filing Company:</b>	Transamerica Life Insurance Company
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	TLTL2200GC		
<b>Project Name/Number:</b>	TLIC Term To Age 80 Certificate/L052-1		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Regulation 19 Certification .pdf			
AR Regulation 49 Certification.pdf			
AR Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables		
Comments:			
Attachment(s):			
TLTL2200GC and TLTL2200GCA- EOv.pdf			
EOV for TLTL2200GCA APPVER (application verification forms).pdf			

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Home Office: Cedar Rapids, Iowa**

**REGULATION 19 CERTIFICATION Form TLTL2200GP, et al**

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



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Cheryl Bock  
Assistant Vice President

November 6, 2012  
Date

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Home Office: Cedar Rapids, Iowa**  
**REGULATION 49 CERTIFICATION**

**Form TLTL2200GP, et al**

We certify that, for coverage issued in Arkansas on the above-referenced form number(s), we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.



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Cheryl Bock  
Assistant Vice President

November 6, 2012  
Date

**TRANSAMERICA LIFE INSURANCE COMPANY  
READABILITY CERTIFICATE OF COMPLIANCE  
TO: DEPARTMENT OF INSURANCE**

<b>FORM</b>	<b>Description</b>	<b>Flesch Score</b>
TLTL2200GP	Group Term Life Insurance Policy	44.2
TLTL2200GC	Group Term Life Insurance Certificate	48.9
TLTL2200GCA	Application	50

We hereby certify that we have carefully reviewed the forms submitted herewith, and to the best of our knowledge and ability find:

1. That the said form(s) comply with the readability requirements of this state.
2. That the said form(s) have a reading ease score shown above.

**TRANSAMERICA LIFE INSURANCE COMPANY**

November 7, 2012

Date



Vice President

**The following is an “Explanation of Variability” for Certificate form TLTL2200GC and Enrollment form TLTL2200GCA.**

**Certificate TLTL2200GC:**

Page 1

COMPANY ADDRESS: Transamerica Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. The address on the forms will be one of the following:

- a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
- b) 520 Park Avenue  
Baltimore, Maryland 21201
- c) Valley Forge, Pennsylvania 19493

The toll-free telephone number will be changed to the toll-free number for the Administrative Office that will administer the policy.

Page 3:

“before/within 21 days after” is bracketed to indicate if the first premium is received before the Certificate Effective Date” or the first premium is received within 21 days after the Certificate Effective Date.”

**Enrollment form TLTL2200GCA.**

The Administrative Office address may be.

- a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
- b) 520 Park Avenue  
Baltimore, Maryland 21201
- c) Valley Forge, Pennsylvania 19493

The main applicant section is bracketed so items may be rearranged or if the company knows the applicant's name, address, etc such information may be pre-printed on the application. The beneficiary designation in the principal insured's personal information section is bracketed so that it will not be part of the application when it is used with telemarketing or internet marketing. Due to systems constraints, we do not capture a beneficiary's name via the application when the application is taken over the telephone or internet. Instead, a beneficiary's name and relationship to the applicant is taken in a separate process and then recorded in the policy issue system. For applications used in direct mail marketing, the beneficiary designation section is on the application. When a paper application is received by the company, all information on the application including a beneficiary's name and relation to the applicant is manually recorded in our policy issue system.

Spouse sections (personal information, benefit selection, answers to health questions) throughout the application are bracketed to allow us to delete these sections if an insurance offer is made to one person rather than two (married) people.

The billing section is bracketed so that it can be repositioned or billing options may be deleted to accommodate direct bill only or credit card/ bank deduction payment only offers or a combination of payment offers,

The phrase “I understand that separate certificates will be issued to each applicant” that is in the affirmation paragraph is bracketed to allow us the ability to delete the statement if spouse coverage is not offered.

“before/within 21 days after” is bracketed to indicate if the first premium is received before the Certificate Effective Date” or the first premium is received within 21 days after the Certificate Effective Date.”

The statement “I have read the fraud notice . . .” sentence in the affirmation paragraph is bracketed so it may be deleted if the application is printed without the state fraud notices (if application is mailed in a state that does not require a fraud notice) or if the fraud notices are printed on the front of the application. The statement would appear on a printed application when space constraints require us to print the fraud notices on the reverse side of the application.

**The following is an “Explanation of Variability” for application TLTL2200GCA APPVER**

1. The Name and Address, date of birth, marital status, gender, height, weight, and coverage amount will be unique to each applicant. The Administrative office locations may be:

2700 West Plano Parkway Plano, Texas 75075-8200

520 Park Avenue Baltimore, Maryland 21201

Valley Forge, Pennsylvania 19493

2. The telephone number for customer service will match the company’s Administrative office location that will be issuing and administering the issued certificate.

3. Either “before” or “within 21 days of after the Effective Date” will be printed on an application to reflect when the first premium is due as described in the certificate that may be issued to the applicant.

4. The applicant’s electronic signature and date of application will be unique to each applicant.

5. The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application is used.